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ABSTRACT

This bulletin summarizes key elements of an effective AIDS training and education program for law enforcement and corrections personnel. First, these key elements of training and education for criminal justice personnel are discussed: staff participation in materials development; timely and frequent training; mandatory training; live training by knowledgeable trainers; training keyed to criminal justice and law enforcement; avoiding alarmism and complacency; and the positive influence of criminal justice personnel as educators in the community. Two figures list recommended subjects for law enforcement AIDS training and education programs and educational and action messages for AIDS-related training that correspond to specified issues/concerns. Second, key elements of training and education for offenders are summarized: live training presentations and videotapes; individual counseling; prerelease training; inmate newspapers; content of offender training: sexual activities and needle sharing; and training and education in jail. Definitions and means of transmission of HIV infection and AIDS are highlighted in a box. (YLB)

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AIDS and HIV training and education in criminal justice agencies

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Introduction

Concern about acquired immunodeficiency syndrome (AIDS) pervades our society. Criminal justice personnel, correctional inmates, and offenders under supervision in the community are especially apprehensive about the disease because of their contact with individuals whose behaviors may place them at risk for infection with the AIDS virus, human immunodeficiency virus (HIV). They may be frequently involved in incidents in which there is potential for exposure to HIV. It is critical that criminal justice personnel and offenders receive accurate, timely, and regular information about AIDS. Criminal justice agencies should not rely on the media to provide this information, since media coverage of the disease is sometimes misleading and may foster unnecessary fear.

This *AIDS Bulletin* summarizes key elements of an effective AIDS training and education program.[1] While training and education are essential for all criminal justice agencies, the guidance given here refers primarily to law enforcement and corrections.

From the Director

Acquired Immune Deficiency Syndrome—AIDS—has been called the most serious public health problem in the United States and worldwide today. Since it first appeared in 1981, there has been an enormous amount of uncertainty and fear about this fatal disease. Because they may be in contact with intravenous drug users and others at high risk for the disease, criminal justice professionals understandably are concerned about becoming infected with the AIDS virus while carrying out their duties.

Until a vaccine or cure for AIDS is found, education is the cornerstone of society's response to this deadly disease. Criminal justice personnel must have accurate information about the disease and its transmission to continue performing their duties in a safe and professional manner.

Since 1985, the National Institute of Justice has worked with the Centers for Disease Control and other public health officials to provide authoritative medical information about AIDS to criminal justice professionals.

Three special reports on AIDS—as it relates to corrections and law enforcement agency procedures and how it affects probation and parole services—have been published and widely disseminated.

This *AIDS Bulletin* is part of a series designed to inform criminal justice professionals about the disease and its implications for their agencies.

Former President Reagan said that the AIDS crisis "calls for urgency, not panic . . . compassion, not blame . . . understanding, not ignorance." The National Institute of Justice is working to ensure that criminal justice professionals have the accurate information they need to understand the risks created by AIDS and to develop an appropriate response. Until medical science can bring this deadly disease under control, our best defense is a well-informed citizenry.

James K. Stewart
Director

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Key elements of training and education for criminal justice personnel

Staff participation in materials development. Research on correctional systems' responses to AIDS has found that some of the most effective training programs are those developed jointly by management, staff members, union representatives, medical experts, and health professionals. Staff involvement in program development can counteract possible staff suspicion that department management may not be forthcoming with *all* information.

Input from staff is key to developing a program that will address their concerns honestly and openly. Like many citizens, law enforcement and criminal justice personnel have been skeptical of the medical community's pronouncements about AIDS. Personnel training that presents medical research as unequivocal fact may not be effective in diminishing fears.

Timely and frequent training. Training and education should be provided before staff become fearful about AIDS; experience shows that if education programs lapse, concerns are quick to resurface. AIDS information should be included in both recruit and regular inservice training.

Because of the pace of research developments, it is important to present accurate, timely updates. The frequency with which information is presented depends on the method of presentation. Pamphlets and brochures may be distributed or made available almost continuously.

In many agencies, regular live training programs can only be held periodically. Although frequent sessions take time and cost money, the expense is relatively low compared to the problems that may result if staff are left to rely on rumor or the occasional inaccurate media coverage of AIDS.

Mandatory training. The impact of AIDS on the criminal justice system and the prevalence of fear and misinformation regarding HIV transmission has prompted many agencies to make staff training mandatory. This may present problems of logistics and increased cost (e.g., providing overtime pay or substitutes for duty staff while they attend training), but the need for required attendance is underscored by the fact that those individuals who are most fearful are also most likely to avoid voluntary training sessions.

Live training by knowledgeable trainers. Lectures, seminars, and discussion groups are the most effective formats for reaching participants. These interactions provide staff members the opportunity to raise their own specific questions and concerns and receive knowledgeable responses. Videotape or slide presentations should be supplemented with question-and-answer sessions with a well-informed and credible trainer. It is important that trainers have a thorough understanding of the epidemiology of AIDS and means of HIV transmission, are aware of staff concerns, and can present information effectively at the staff's level of understanding.

Training keyed to criminal justice and law enforcement. After presenting basic medical information, AIDS training programs should be related specifically to criminal justice and law enforcement situations and concerns. Figure 1 presents a list of key topics to be included in law enforcement training programs, many of these are also relevant to correctional institutions and other criminal justice agencies. Educational and action messages that address specific concerns of law enforcement officers and other criminal justice personnel are summarized in figure 2.

Training materials and programs should emphasize that infection control procedures for other viruses transmitted via the same body fluids as HIV (e.g., the Hepatitis-B virus) are more than sufficient for preventing transmission of HIV. The Centers for Disease Control (CDC)[2] recommend using gloves if contact with *blood, other body fluids containing visible blood, tissues, semen, and vaginal secretions* is likely. The HIV-infection control guidelines include thorough handwashing after any contact with blood or body fluids containing visible blood, and cleanup of blood and body fluid spills with a 1:10 solution of household bleach and water.

"Universal precautions" (treating all individuals as if they are infected with the virus) recommended by CDC to prevent occupational HIV infection have been revised because of the strong evidence against HIV transmission

Figure 1

Recommended subjects for law enforcement AIDS training and education programs

- Means of HIV transmission.
- Methods of preventing transmission.
- CPR/first aid procedures.
- Search procedures.
- Arrest procedures.
- Transportation of prisoners.
- Crime scene processing.
- Evidence handling/laboratory procedures.
- Disposal of contaminated materials.
- Lockup issues.
- Body removal procedures.
- Legal/liability issues (e.g., obligation to perform duty).
- HIV-antibody testing procedures.

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The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program Offices and Bureaus: National Institute of Justice, Bureau of Justice Statistics, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and Office for Victims of Crime.

Figure 2

Educational and action messages for AIDS-related training of law enforcement and criminal justice personnel

Issue/concern	Educational and action messages
Human bites	• The person who bites is typically exposed to the victim's blood, rather than the reverse; therefore, the victim is at extremely low risk for HIV infection. • HIV transmission through saliva is highly unlikely because the virus has only been isolated in extremely low concentrations in saliva. • If bitten by an individual who has tested seropositive, one should allow the wound to bleed, wash the area thoroughly, and seek medical attention.
Spitting	• Viral transmission through saliva is highly unlikely. • CDC no longer recommends "universal precautions" for saliva.
Urine/feces	• HIV has been isolated in only very low concentrations in urine and not at all in feces. • There have been no cases of AIDS or HIV infection associated with either urine or feces. • CDC no longer recommends "universal precautions" for urine or feces.
Cuts/puncture wounds	• Use caution in handling sharp objects and searching areas hidden from view. • Needle-stick studies show risk of infection is very low.
CPR/first aid	• Use masks/airways to eliminate the minimal risk of HIV transmission associated with CPR. • Avoid blood-to-blood contact by keeping wounds covered and wearing gloves when in contact with bleeding wounds.
Body removal	• Observe the crime scene rule: do not touch anything. • Those who must come into contact with blood or other body fluids contaminated with visible blood should wear gloves in accordance with official policy and CDC guidelines.
Casual contact	• No cases of AIDS or HIV infection are attributed to casual contact.
Contact with blood or body fluids	• Wear gloves if contact with blood, semen, or body fluids containing visible blood is likely. • If contact occurs, wash thoroughly with soap and water; clean spills with 1:10 solution of household bleach and water.
Contact with dried blood	• The drying process inactivates the virus. Laboratory studies showing persistence of AIDS virus for 3 days in dried samples used viral preparation 100,000 times more concentrated than that found in normal blood samples.

through certain body fluids. The precautions are no longer deemed necessary for contact with saliva, sputum, vomitus, nasal secretions, sweat, tears, urine, or feces unless they contain visible blood.[2]

CDC has recently issued a training curriculum guide that includes HIV-prevention guidelines and educational material targeted to public safety workers. This guide contains current CDC recommendations on infection control and safety precautions.[3]

Avoiding alarmism and complacency. AIDS training programs must be properly balanced between caution and reassurance to avoid encouraging mistaken beliefs that may severely affect the operational effectiveness and service delivery of criminal justice agencies. An alarmist tone may evoke undue fear, while a complacent tone may fail to encourage the appropriate level of caution. The plain facts are that a few well-defined types of exposures and behaviors must be of concern to everyone and that this concern should affect relationships with everyone. In short, AIDS is not a disease of "high-risk groups" but of high-risk behaviors. Too many people often take the potentially very dangerous position that HIV may be transmitted by many types of contact but that the only persons susceptible are members of "high-risk groups."

It is inappropriate to require or recommend that staff wear gloves, gowns, and masks for *all* contact with persons known or suspected to be HIV infected. This may encourage the incorrect view that HIV can be transmitted by casual contact when actually precautions are not necessary unless there is contact with blood or specific body fluids as prescribed by the CDC guidelines.

Law enforcement and criminal justice personnel, as well as other citizens, must be careful about contact with the blood or body fluids of anyone—regardless of the condition of his or her health or lifestyle. Statements that suggest that risk is limited to certain groups may seriously

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undermine the critical educational message—everyone must be careful about certain behaviors and exposures. While extreme fear is counterproductive, concern and caution are essential for all.

Criminal justice personnel as educators in the community. Law enforcement officers and criminal justice personnel can have a positive educational influence in the community. Officers frequently interact with people whose behavior puts them at risk for exposure to and transmission of HIV. They may have more opportunities to convey factual educational messages about HIV (such as the risks involved in needle sharing and unprotected sexual intercourse) to such individuals than do most other public officials. Officers should emphasize that people can be infected and transmit the virus without appearing to be ill. (Recent NIJ research on drug use among arrestees found that while most intravenous drug users reported changing their needle-sharing behavior because of AIDS, many said they now shared "only with people who look healthy.")[4] Moreover, police can convey these important messages in clear, frank language.

Police are also in contact with a wide range of residents in neighborhoods where high-risk behaviors such as IV-drug use are common. It is in depressed inner city neighborhoods that HIV infection and AIDS are increasing at the highest rate in our society, as infected persons transmit the virus to their needle-sharing companions, sexual partners, spouses, fetuses, and infants. Police may have an opportunity to dispel rumors and refer people to appropriate organizations for voluntary testing, diagnosis, medical care, support services, and additional information.

The effectiveness of criminal justice personnel as AIDS educators depends upon the education and training that they receive. By providing high-quality training, a criminal justice agency invests not only in the health and job performance of its staff but in the awareness and ultimate health of the community at large.

Key elements of training and education for offenders

Many of the same principles apply to offender training as to staff training. In particular, accurate, timely, regular, and mandatory educational programs are necessary for offenders.

Live training presentations and videotapes. Live training is the most effective format when presented by persons knowledgeable about the medical aspects of HIV and AIDS and their implications for inmates.

Videotapes may also be effective methods of offender education. Two audiovisual programs deserve special mention. "AIDS—A Bad Way to Die" is a videotape produced by and for New York State correctional inmates. While some of the medical information on the tape is out of date, it remains a powerful presentation. The videotape is based on extensive interviews with AIDS patients in the New York State correctional system. It shows the effects of AIDS in graphic detail and offers dramatic words of warning from inmates suffering from the disease. A second video, "Con to Con," was created by correctional inmates in Georgia and is also considered effective.[5]

Individual counseling. Individual counseling on the meaning and implications of being tested should be provided to offenders who seek antibody testing and those tested under a mandatory program. Posttest counseling should also be provided to discuss the meaning of test results. Because of the risk of perinatal transmission of HIV, special counseling should be provided to pregnant female offenders and all women of childbearing age.

Prerelease training. Training and education of correctional inmates just prior to release can also be extremely useful. Such sessions can increase inmates' awareness of the risks and responsibilities they will face as they return to the community with its broader range of personal freedoms regarding sexual activities, drug abuse, and other potentially dangerous behavior. In particular, prerelease inmates who are HIV-antibody positive should be counseled to inform all sexual partners of their seropositive status and to make the necessary behavioral changes to reduce the risk of infecting others.

Inmate newspapers. A common medium for inmate education is through inmate newspapers. In Connecticut, Illinois, and other jurisdictions, correctional medical directors have solicited inmates' questions about AIDS and published responses in the inmate newspaper. These questions and answers cover basic information about HIV infection and present practical guidelines for preventing HIV transmission within the institution.

Content of offender training: sexual activities and needle sharing. Offender training and educational materials should focus on sexual and needle-sharing practices that could potentially result in HIV infection, and the responsibilities of all inmates to avoid those behaviors. It is important in training to stress the practical precautionary steps that everyone should take. The correctional systems of Vermont, Mississippi, Philadelphia, and New York City make condoms available to inmates, and inmates in several correctional systems are given explicit education on methods for cleaning needles.

Training and education in jails. The rapid turnover in inmate populations makes training even more important and presents a difficult problem for jails organizing their education programs. Jails should include a live educational session (discussion group, lecture, or seminar) on AIDS and a brief videotape or other presentation in their orientation of all sentenced and detained inmates. Printed educational materials should be distributed regularly to all inmates. In New York City and several other major jail systems, effective educational programs for inmates have been developed.

Conclusion

Education and training are the cornerstones of the criminal justice system's response to AIDS. They are particularly necessary because of the prevalence of misinformation and concern regarding HIV transmission and AIDS. It is critical that training be instituted as early as possible, preferably before fears develop. Training should also be presented regularly to incorporate current information and prevent misinformation.

The most effective training is targeted to the particular concerns and knowledge gaps in the audience and is presented by trainers who are sensitive to the needs and fears of specific groups. While live training is essential, supplemental printed and audiovisual materials can be beneficial.

Whatever the method of presentation, training and informational materials should be presented in clear, straightforward language. They should describe the behaviors that pose a significant risk of HIV transmission, emphasize that everyone should avoid such behaviors, and guard against the encouragement of a false sense of security in any group. Education and training should not advocate unnecessary or inappropriate precautionary measures, because this only serves to spread misinformed theories and may cause needless fear. Thus, development of training and education should be guided by the most recent medical knowledge so that the tone and content of these programs appropriately avoid complacency and alarmism.

Notes

1. For more detailed information on training and education programs, see Theodore M. Hammett, *AIDS and the Law Enforcement Officer: Concerns and Policy Responses* (Washington, D.C., National Institute of Justice, 1987), Ch. 3; Hammett, *AIDS in Correctional Facilities: Issues and Options* (3d Edition: Washington, D.C., National Institute of Justice, 1988), pp. xiii–xiv and Chapter 3; Hammett, *1988 Update: AIDS in Correctional Facilities* (Washington, D.C., National Institute of Justice, 1989); and Dana Hunt, *AIDS in Probation and Parole* (Washington, D.C., National Institute of Justice, 1989).

HIV infection and AIDS: definitions and means of transmission

Definitions

HIV infection: The human immunodeficiency virus (HIV) attacks and destroys certain white blood cells almost always resulting in acquired immunodeficiency syndrome (AIDS). The virus is transmitted through exposure to contaminated blood, semen, vaginal secretions, and other body fluids containing visible blood, and its antibodies are confirmed present in the bloodstream via a series of blood tests. Individuals infected with HIV may be entirely asymptomatic for 5 to 10 years or more, but are capable of infecting others. Some symptoms of infection that may develop include tiredness, persistent fever, loss of appetite and weight, diarrhea, night sweats, and swollen lymph nodes in neck, armpit, or groin.

Acquired immunodeficiency syndrome (AIDS): A defect in natural immunity against disease—vulnerability to serious illnesses that would not normally be a threat (opportunistic diseases). Diagnosis depends on the presence of opportunistic diseases that indicate the loss of immunity and the confirmation of HIV infection. The two most common opportunistic diseases are Pneumocystis Carinii pneumonia and Kaposi's sarcoma, but the list of opportunistic diseases has been expanded with each new revision of the Centers for Disease Control's surveillance definition of AIDS. HIV may also attack the central nervous system causing progressive dementia, loss of coordination, partial paralysis, or memory loss.

Means of HIV transmission

Sexual contact: Transmitted via intimate physical contact—oral, anal, or vaginal—with someone who is infected with the virus. HIV can thrive in semen, blood, and vaginal fluids.

Inoculation of blood: Bloodborne HIV transmission occurs primarily through needle sharing by intravenous drug users. Transmission has also been traced to blood transfusions and to blood products given to hemophiliacs. However, the Nation's blood supply is now considered safe as a result of universal screening of donated blood and heat treatment of blood products. Other possible means of blood-transmitted HIV infection include: medical injections with unsterile needles; accidental needle sticks, and open-wound and mucous-membrane exposure.

Perinatal: An infected woman can give HIV to her baby before it is born (intrauterine) or during delivery (peripartum). Human breast milk has been implicated in HIV transmission to babies following birth. Occupational exposure to human breast milk has not resulted in HIV infection of healthcare workers and CDC universal precautions do not apply.

2. Centers for Disease Control (CDC), "Update: Universal Precautions for Prevention of Transmission of HIV, Hepatitis-B Virus, and Other Bloodborne Pathogens in Health-Care Settings," *Morbidity and Mortality Weekly Report*, June 24, 1988; 37:377–382, 387–388.

3. The material in *A Curriculum Guide for Public Safety and Emergency Response Workers*, February 1989, was prepared by the National Institute for Occupational Safety and Health (NIOSH). The guide is available from NIOSH/CDC, 1600 Clifton Road NE., Mail Stop F–40, Atlanta, Georgia 30333.

4. E.D. Wish et al., "Lost Opportunity to Combat AIDS: Drug Abusers in the Criminal Justice System." Paper presented at the National Institute on Drug Abuse Technical Review Session on AIDS and Intravenous Drug Use, July 1, 1988, p. 11.

5. Copies of the videotape "AIDS—A Bad Way to Die" are available at no charge by sending a blank VHS cassette with self-addressed mailer to Charles Hernandez, Superintendent, Taconic Correctional Facility, 250 Harris Road, Bedford Hills, NY 10507; or telephone (914)241–3010. "Con to Con" is available for $100 by contacting Madie LaMarre, R.N., Health Services, Georgia Department of Corrections, 2 Martin Luther King Jr. Drive, Room 854, East Tower, Atlanta, Georgia 30334, or by telephoning (404)656–4601.

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For additional information on AIDS-related issues, contact:

- **NIJ AIDS Clearinghouse,** (301)251–5500. This Clearinghouse has publications available that explore education and training programs for criminal justice personnel, inmates, and offenders under community supervision, including: *AIDS in Correctional Facilities: Issues and Options*, Third Edition, *AIDS in Probation and Parole*, and *AIDS and the Law Enforcement Officer: Concerns and Policy Responses*.
- **National AIDS Information Clearinghouse,** 800–458–5231. Call NAIC to request any of the several CDC publications that the Clearinghouse is distributing, such as *Understanding AIDS*.

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